



STATE OF MARYLAND

DMMH

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December 28, 2007

Public Health & Emergency Preparedness Bulletin: # 2007:51 **Reporting for the week ending 12/22/07 (MMWR Week #51)**

CURRENT HOMELAND SECURITY THREAT LEVELS

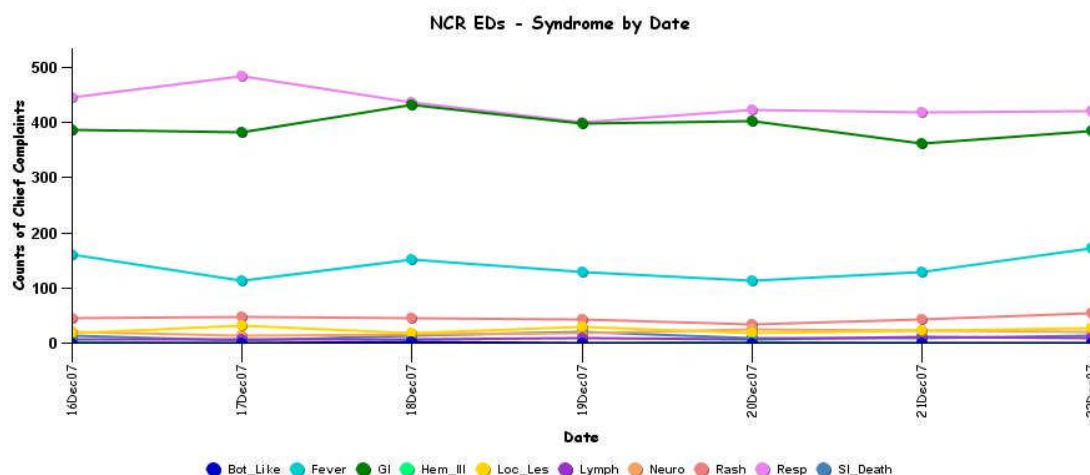
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

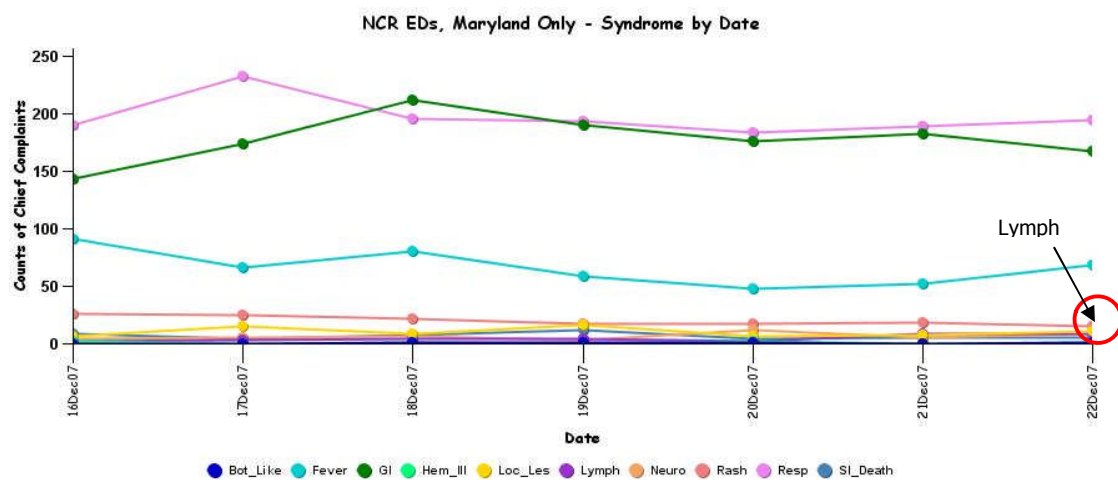
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

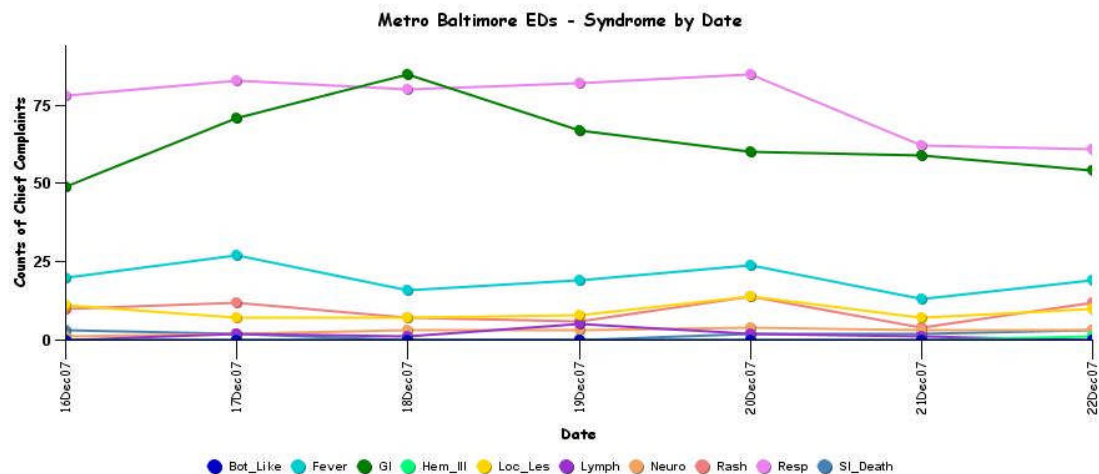
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



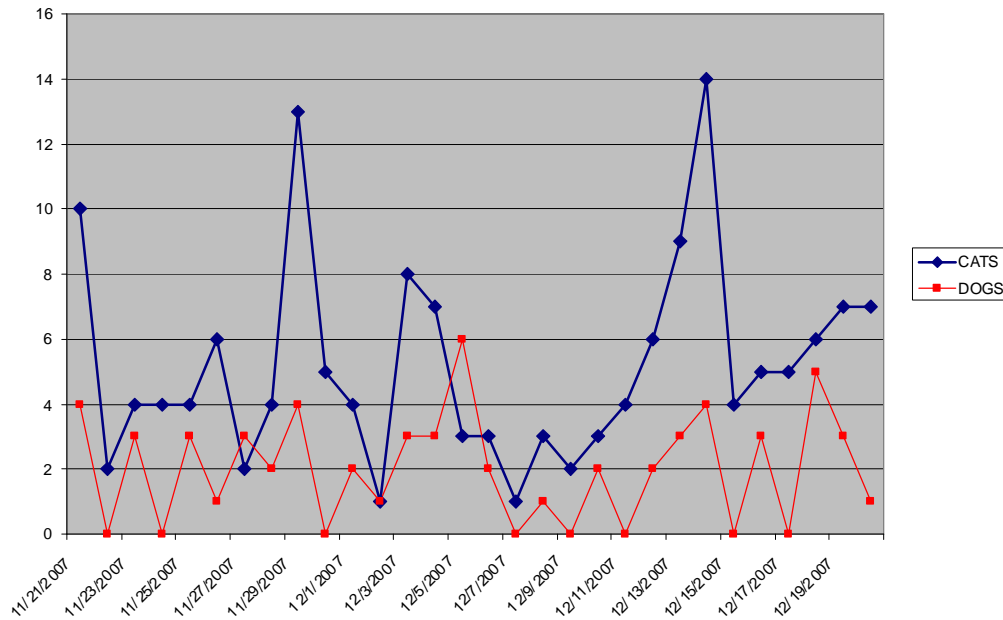
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

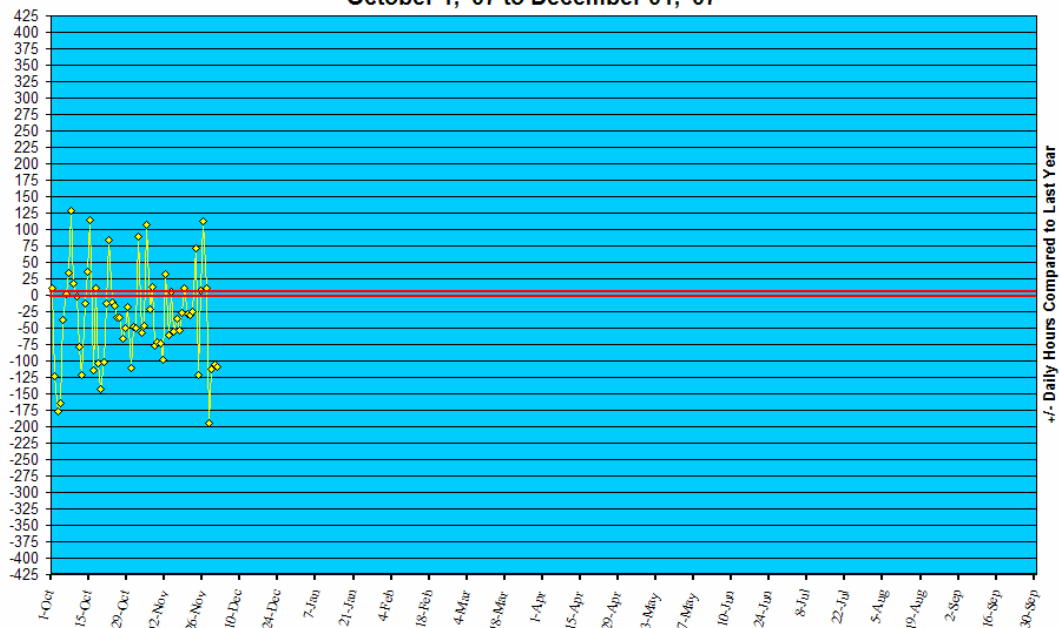
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to December 01, '07**



REVIEW OF MORTALITY REPORTS

OCME: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in November 2007 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases:	17	0
Prior week:	9	2
Week#51, 2006:	11	-

OUTBREAKS: 5 outbreaks were reported to DHMH during MMWR Week 51 (Dec. 16- Dec. 22, 2007):

2 Foodborne Gastroenteritis outbreaks

- 1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant
- 1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant

2 Conjunctivitis outbreaks

- 1 outbreak of Conjunctivitis associated with a School
- 1 outbreak of Conjunctivitis associated with a Nursing Home

1 Gastroenteritis outbreak

- 1 outbreak of GASTROENTERITIS associated with a Nursing Home

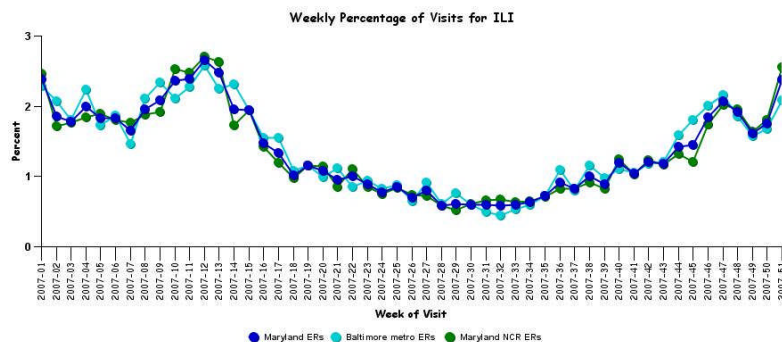
MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. No suspected cases of influenza were reported to DHMH during MMWR Week 51 (December 16 – 22, 2007). To date this season, there have been 31 lab confirmed influenza cases in Maryland.

*Please note: Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of December 18, 2007, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 340, of which 209 have been fatal. Thus, the case fatality rate for human H5N1 is about 61%.

AVIAN INFLUENZA, HUMAN (Pakistan): 18 Dec 2007, A team of experts from the World Health Organization (WHO) is making its way north in Pakistan to investigate a cluster of at least 8 cases of avian flu in people living near the Afghan border. They will be seeking to establish whether the disease is spreading, and whether the cases were caused by human-to-human transmission. This latest outbreak is worrying in that it involves the biggest batch of closely related cases since a cluster of 8 infected people was reported in Indonesia in May 2006. "So far, we are not seeing anything different than in previous instances of H5N1 outbreaks," says Gregory Hartl, a spokesman for WHO, whose current information comes from Pakistani authorities. The Pakistan cases started in mid-November, or possibly earlier, when 5 family members fell ill in Abbottabad, north of Islamabad. There, 2 of the brothers have died, one of whom was buried before he could be tested for H5N1. In December, a man and his niece in the same town were found to have H5N1. They are thought to have worked on the same farm as the first family affected. Another man was found to have H5N1 in a nearby town some distance from there. Another case is suspected but not yet confirmed, which would bring the cluster to 9. Pakistan has had repeated outbreaks of avian flu in poultry over the past 2 years. The WHO team will be tracking down, treating and testing people who came into contact with the infected cases. Monitoring for cases in the area will be key to establishing whether the virus has become more virulent or shows signs of spreading. Meanwhile, Pakistani health authorities are poring over hospital records from the past few months to see, retrospectively, whether there has been any upsurge in the incidence of respiratory illnesses. Human-to-human transmission cannot be ruled out, says Hartl, as it has occurred on a limited basis on several occasions in the past. Tests of 40 people who have had contact with the patients have so far all turned up negative. Genetic sequencing will help to pin down the mode of transmission and whether any important genetic changes have occurred in the virus.

AVIAN INFLUENZA, HUMAN (Indonesia): 18 Dec 2007, As of Dec 18, the Ministry of Health of Indonesia has announced the death of a previously confirmed case of H5N1 infection. The 47-year-old male from Tangerang District in Banten Province died on Dec 13. Of the 115 cases confirmed to date in Indonesia, 93 have been fatal. Additionally, Indonesian bird flu officials said on Dec 18 that they were investigating several recent avian influenza deaths where the victims were believed not to have come into contact with infected poultry. "In the last 3 to 4 months, we have had 4 cases where the poultry in the victim's neighborhoods tested negative for the virus," said Bayu Krisnamurthi, head of Indonesia's National Avian Influenza Committee. "The number is significant enough for us to intensify our investigations so that we could have a more accurate explanation," he told a press briefing. "Some 20 percent of confirmed cases in 2006 were inconclusive, meaning there was no direct contact with poultry. This year (2007) the figure has been raised to 30 percent," he added. Krisnamurthi nevertheless insisted that Indonesia had made progress in tackling bird flu, with the number of reported cases decreasing this year. In 2007, 40 cases were confirmed with 35 fatalities, compared to figures of 55 and 45, respectively, in 2006.

AVIAN INFLUENZA, POULTRY, H5N1 CONFIRMED (Benin): 20 Dec 2007, Tests in Italy have confirmed the first poultry outbreaks of H5N1 avian influenza in the West African country of Benin, according to news services. Agriculture minister Robert Dovoounou said that suspected cases found on 2 farms earlier this month were confirmed by the World Organization for Animal Health, Office International des Epizooties (OIE) in Padua, Italy, according to a Dec 15 report by Agence France-Presse. The farms are north of Porto Novo, the capital, and in Cotonou, the commercial capital, both in Benin's southern coastal strip. Benin is surrounded by countries that have faced poultry outbreaks within the last 2 years: Nigeria, Togo, Niger, and Burkina Faso. Ivory Coast and Ghana are other West African states that have had poultry outbreaks. Benin officials reported the 2 suspected outbreaks to the OIE on Dec 5, saying 100 birds had died and 245 had been killed to stop the outbreak. Most of the birds were chickens, but 8 turkeys were among affected poultry on the Cotonou farm. Health experts have expressed concern that Benin's Voodoo priests could be at risk for avian flu because of their practice of tearing out the throats of live chickens in ritual sacrifices.

AVIAN INFLUENZA, HUMAN (Indonesia): 22 Dec 2007, After 3 days of medical treatment at the Serang General Hospital, 5 suspected bird flu patients were moved to the special avian influenza (AI) center at the Jakarta-based Persahabatan Hospital by ambulance on Dec 21. The father of the first 3 patients said his children were suffering from fever with respiratory difficulty and cough before being taken to the health service post. He said that, a day before they fell ill, about 60 ducks and chickens owned by him and his neighbors had died suddenly. "Local agriculture officers who checked the dead fowls said they tested positive for bird flu," he said.

AVIAN INFLUENZA, HUMAN (China, Pakistan): 22 Dec 2007, The World Health Organization (WHO) said on Dec 21 that it was impossible to say whether a case of bird flu in China in a 52 year old man was due to human-to-human transmission, but, even if it was, it was down to very close contact between the victims. The assistant director-general for health security at WHO, Dr David Heymann, said the only proven transmission of this nature so far, in Indonesia and Thailand, had been as a result of very "close contact" in a "very circumscribed area". WHO was still awaiting final test results for a recent cluster of cases in the north west region of Pakistan. The team of WHO experts, who traveled to the area earlier this week, believed though that the first ever human cases in the country were again a result of intimate contact. Heymann said the virus could, on "occasional instances, be transmitted" between humans but that it was not transmittable like influenza with a sneeze. In China, both the man and his 24 year old son, who died on Dec 2, had been exposed to the same common source. Infection had also occurred during the incubation period. There had also been close contact with another 600 people, but blood tests had confirmed they were free from the virus. Heymann said: "Even if there had been human-to-human transmission, it was limited and did not continue. It was not sustained, and it's that which is very important." Limited human-to-human bird flu transmission may have occurred in Pakistan, but no new infections have been reported for 2 weeks, and there appears to be no threat of further spread, a top WHO official said. A WHO team has finished its initial investigation in Pakistan after up to 9 patients, including several family members, were suspected of being infected with the H5N1 bird flu virus in areas north of Islamabad. Dr David Heymann, WHO's top flu official in Geneva, said "I think the team right now feels on initial analysis that this might be a small chain of human-to-human, non-sustained transmission," he said, stressing that there was no cause for alarm.

NATIONAL DISEASE REPORTS:

SALMONELLOSIS, SEROTYPE NEWPORT, GROUND BEEF, ALERT (Multi State): 21 Dec 2007, The US Department of Agriculture's Food Safety and Inspection Service (FSIS) is issuing a public health alert due to illnesses from Salmonella enterica serotype Newport associated with fresh ground beef products contaminated with multi-drug resistant salmonellosis that may have been ground and sold at Safeway supermarkets in Arizona, California, Hawaii, Nevada and New Mexico between Sept 19 and Nov 5, 2007. This public health alert was initiated after epidemiological investigations and a case control study conducted by the California Department of Public Health, Arizona Department of Health Services and the Centers for Disease Control and Prevention (CDC) determined that there is an association between the fresh ground beef products and 38 illnesses reported in Arizona (16), California (18), Idaho (1), and Nevada (3). The illnesses were linked through the epidemiological investigation by their rare PFGE pattern found in PulseNet, a database maintained by CDC. This alert is being issued after an exhaustive and continuing investigation whereby FSIS could not identify specific establishments, lots and products that would be subject to a recall. FSIS has no reason to believe that these products are still available for sale in commerce. Consumers that may have purchased these fresh ground beef products between Sept 19 and Nov 5 and stored them in the freezer should look for and discard these products if they find them. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, DRIED FISH, RECALL (New York, Pennsylvania): 21 Dec 2007, Royal Seafood Baza Inc, located in Far Rockaway, NY is recalling packages of "Dried Roach" fish because the product may be contaminated with Clostridium botulinum, which can cause botulism, a serious and potentially fatal foodborne illness. The sale of this type of fish is prohibited under New York State Department of Agriculture and Markets regulations because Clostridium botulinum spores are more likely to be concentrated in the viscera than in any other portion of fish. Uneviscerated fish has been linked to outbreaks of botulism poisoning. Symptoms of botulism include blurred or double vision, general weakness, and poor reflexes, difficulty swallowing and respiratory paralysis. The recalled "Dried Roach" fish was distributed to Net Cost Market stores located in Brooklyn and Staten Island, New York and Philadelphia, Pennsylvania. The product comes in clear plastic pouches of various weights with a product code 20.03.08. It is a product of Latvia. No illnesses have been reported to date in connection with this problem. Consumers who have "Dried Roach" fish are urged to return it to the place of purchase for full refund. Consumers with questions should contact the company at 1-888-776-3958. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, CANNED GREEN BEANS, RECALL (Multi State): 22 Dec 2007, New Era Canning Company of New Era, MI is voluntarily recalling 171 cases/ 6 cans per case of 6 lbs, 5 oz GFS Fancy Blue Lake Cut Green Beans, 4 Sieve, lot code 19H7FL, because they may be contaminated with Clostridium botulinum, a bacterium which can cause life-threatening illness or death. Consumers are warned not to use the product even if it does not look or smell spoiled. The canned green beans were distributed to foodservice customers in Alabama, Arkansas, Georgia, Illinois, Indiana, Kentucky, Mississippi, Missouri, North Carolina, Tennessee, and Virginia and sold through GFS Marketplace stores in Indiana, Kentucky, and Tennessee. The canned green beans are packaged in 6 lbs, 5 oz cans under the GFS brand (GFS reorder #118737; UPC 93901 11873) with lot code 19H7FL printed on the end of the can. No other reorder numbers or lots are included in this recall. No illnesses have been reported to date in connection with this problem. The potential contamination of the product was found through testing by the Food and Drug Administration (FDA). New Era Canning in conjunction with the FDA and the Michigan Department of Agriculture is thoroughly evaluating all processes and procedures to determine the cause of the problem. Any food that may be contaminated should be disposed of carefully. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

PSITTACOSIS (Brazil): 16 Dec 2007, On Dec 13, the Epidemiologic Surveillance Department Municipal Health Secretariat of the city of Porto Alegre, Rio Grande do Sul state, Brazil, issued a brief report acknowledging the occurrence of a micro epidemic caused most probably by *Chlamydophila psittaci*, the organism that causes psittacosis, that has affected so far highway patrol officers, veterinarians and relatives that had contact with smuggled wild birds. The incident began on Nov 30 with the apprehension of 481 birds, 450 of them "caturritas" or monk parakeet by highway patrol officers in a routine check. The police officers found the birds in cages in the trunks of 2 cars. Some of the surviving birds were distributed to a veterinary hospital, a pet shop, a local zoo and a wild animal park in the environs of the city. After a little more than one week, at least 15 veterinarians began to complain of headache, cough, body soreness, and fever. It has also been reported that the police officers responsible for apprehending the smugglers are hospitalized for the same symptoms. As of Dec 13, at least 27 people have sought medical care for the same symptoms and were reported to the local health authority. All the affected persons are reported to be doing well after being treated with antibiotics, mainly azithromycin. (Psittacosis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Uganda): 17 Dec 2007, Since early November 2007, Nebbi District is going through its worst ever cholera epidemic, registering an average of 10 new cases every day, according to district health officials. The outbreak that started in 3 sub-counties of Parombo, Akworo and Panyimur has also spread to 7 sub-counties, totaling 10. According to the latest medical statistics, the district has recorded 331 cases since the outbreak, with 4 deaths. In 2006, over 110 cases were recorded district wide. Despite impressive revenues from fishing, especially at Dei landing site in Panyimur, there has been virtually no investment in basic services like health care since the 1970s, and only a privileged minority of the people living there have access for borehole water. The district health inspector, Mr Anthony Andrionzi, says a number of factors conspired for the cholera outbreak: bad hygiene conditions, overcrowding, lack of safe drinking water, poor hygiene and sanitation that is rampant in most homes. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (Indonesia): 17 Dec 2007, From Dec 10 until Dec 15 approximately 997 residents of the Jepara Regency, Central Java, were attacked by chikungunya virus. The estimated number of patients was still increasing, worrying the community. The Health Service of the Jepara Regency determined that this condition was an emergency. Nevertheless, the Section Head Health Service of the Jepara Regency, Agus Salim, who was contacted on Dec 15, asked the community to not panic because chikungunya was not classified as a deadly illness. Although the illness that resulted from virus transmission by *Aedes albopictus* could cause paralysis for 3-5 days, within 10 days it would be resolved automatically. He added, not only is chikungunya present, currently in the spotlight in Jepara, but also dengue fever is occurring there. Since January 2007 until Dec 10 there were more than 2000 dengue fever cases in Jepara. With the emergency status due to chikungunya, as well as the number of dengue fever sufferers, Jepara Regent Hendro Martojo instructed the community, through the Forum for the Health of the Village, the sub-district head, as well as the Community Health Centre, to further increase eradication efforts of the mosquitoes breeding sites in their respective environments. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Kenya): 18 Dec 2007, A cholera outbreak has killed at least 7 people and infected 33 others over the past week in western Kenya, health officials said Dec 17, as authorities struggled to contain the disease. The fatalities included 3 children and 4 adults who died in Sindo and Mbita trading posts, said Suda district medical officer of health David Soti. A total of 33 patients are admitted in 3 health centers in the affected district, about 330 km north west of the capital Nairobi, he added. Public health officers have shut public eateries and markets as well as appealed to the public to observe high sanitation standards in the district in a bid to contain the contagious disease. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Democratic Republic of Congo): 19 Dec 2007, Medecins Sans Frontieres (MSF) is sounding the alarm about the situation in North Kivu, where people are living in a state of extreme vulnerability. The ongoing displacement of the population has increased as the armed conflict has intensified in this province of eastern DRC. The humanitarian situation is deteriorating, as demonstrated by malnutrition and the spread of cholera in different regions of North Kivu. "We are witnessing an alarming situation in our medical programs in Masisi and Rutshuru Districts," says Colette Gadenne, head of mission for MSF. "Many displaced people have had to flee several times in the last few years and are now completely exhausted. The difficulty in accessing care, malnutrition, epidemics and violence against civilians all mean that people here are very vulnerable." Since mid-November 2007, tens of thousands of displaced people have arrived in Masisi, Kitchanga, Rutshuru, Nyanzale and Goma. Access to health care for these people was already weak, but is even more limited today. The fighting has forced several aid organizations to suspend their activities, and health centers are not getting any supplies, or are deserted by the medical staff. In Rutshuru, today's misery is cholera. MSF started working in Rutshuru in 2005 and this is the first time that medical teams have experienced a cholera epidemic in this area. Since mid-November 2007, more than 1200 people have been treated, and many more continue to arrive. "New displacement has meant that the population of Rutshuru has doubled in the space of a month," says Augustin Augier, MSF's Project Coordinator in Rutshuru. "As a result, the quantity of available water per person has decreased, and hygiene conditions have deteriorated, which has fueled the spread of cholera." In the Goma area, MSF has treated more than 1600 cholera patients since September 2007. More than 45,000 people are living in camps to the west of Goma. Although the camps are easily accessible, humanitarian aid is still insufficient, and people living there complain about the lack of food. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Local cluster of psittacosis after bird show in the Netherlands, November 2007

This report summarizes a cluster of psittacosis cases associated with a bird show that took place between October 31 and November 4 in the Netherlands. Three of the 25 reported cases have been laboratory-confirmed by RT-PCR and *C. psittaci* was detected by RT-PCR in the birds of one owner. A retrospective cohort study is being performed. (<http://www.eurosurveillance.org/ew/2007/071213.asp#1>)

Multinational *Salmonella* Paratyphi B variant Java (*Salmonella* Java) outbreak, August – December 2007

This report describes a multi national outbreak of acute gastroenteritis due to *Salmonella* Java infection. Of the over 300 cases of *S. Java* that have been reported to the European Centre for Disease Prevention and Control by 11 Member States in 2007, many are likely to be linked to this ongoing outbreak. In the UK and Sweden, baby spinach or mixed salad product was identified as being a possible vehicle of infection, but investigations are ongoing. (<http://www.eurosurveillance.org/ew/2007/071220.asp#2>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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